

Growing an optometry workforce for Aboriginal and Torres Strait Islander communities

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Introduction

Optometry services provided in Aboriginal Health Services are critical for improving eye care access for Aboriginal and Torres Strait Islander Australians by providing comprehensive eye examinations in a culturally safe primary health setting. Indigenous communities' eye care needs are high and most vision loss is avoidable yet one third of adults have never had an eye examination¹. Optometry provides access to comprehensive eye care including refraction and affordable glasses (addressing 50% of vision loss) and detection, monitoring and referral of the other main causes of vision loss (cataract, diabetic retinopathy). Key to sustained improvements in eye care access and equitable eye care outcomes for Indigenous Australians is an appropriately skilled and competent optometry workforce working both within the Aboriginal health system and in mainstream services.

Aim

This presentation describes the strategies of two non-government, not-for-profit eye care organisations to develop an acceptable, appropriately trained and sustainable workforce for outreach optometry services within Aboriginal communities in Victoria and the Northern Territory (NT).

The 2011 ABS census² estimates that in the Northern Territory there are 56,776 people who identify as Aboriginal and/or Torres Strait Islander. This represents 26.8% of the overall population of the NT and 10% of the total Indigenous population of Australia (548,370). In Victoria, there are 37,991 people who identify as Indigenous and this represents 0.7% of the overall population of Victoria and 7% of the total Indigenous population of Australia. For NT 19% of the Indigenous population lives in the outer regional areas (which includes the greater Darwin and Alice Springs regions), and 81% live in remote and very remote areas. In Victoria, 47% of the Indigenous population are resident in greater Melbourne and 53% throughout regional and rural Victoria.

Overview of eye health disparities – the National indigenous Eye Health Survey

The National Indigenous Eye Health Survey (2008)¹ reported that eye health is significantly worse among Indigenous Australians than in non-Indigenous Australians with the prevalence of blindness six times higher in Aboriginal Australians. 94% of this vision loss is preventable or treatable. Cataract (32%) and diabetic retinopathy (9%) are the major causes of blindness (visual acuity [VA] worse than 6/60), while uncorrected refractive error (54%) and cataract (27%) are the major causes of low vision (VA from 6/12 to 6/60). The study also showed that 35% of Indigenous adults had never had an eye examination and 39% of adults could not discern normal size reading print.

Establishing the need

Australia's Indigenous eye care needs have been estimated through the work of Indigenous Eye Health at The University of Melbourne using national condition prevalence data from 2008 and 2012 service delivery modelling³. The broad 'first order' estimates using 2011 Census population of 540,370 national Indigenous population suggest the need for optometry is 54 equivalent full time (EFT) practitioners. For the Northern Territory, 6 full time optometrists are required to meet Indigenous population needs and in Victoria the optometry EFT is 4. These estimates may be refined regionally and locally where particular on the ground issues like age and disease distributions, travel, equipment and support personnel may be taken into account.

A separate needs assessment⁴ based on population figures (2011 Census figures), age profile² & burden of disease figures (for diabetes⁵ and refractive error¹) in the remotely located NT Aboriginal population indicates that 225.2 weeks (1126 days) are required each year to adequately service locations outside Alice Springs and Darwin. This assumes that 10 patients a day are seen during consultation days. Allowing for time lost to travel, this becomes 268.4 weeks, which represents 5.6 FTE optometrists.

The Brien Holden Vision Institute and the Australian College of Optometry

The Brien Holden Vision Institute⁶ and the Australian College of Optometry⁷ are two professional organisations providing eye care for Aboriginal and Torres Strait Islander communities in particular regions of Australia.

The Australian College of Optometry (ACO) is the principal provider of low cost eye care for Victorians experiencing social and economic disadvantage through the Victorian Eyecare Service (VES) funded by the Victorian Government Department of Health and Human Services. It is a member based organisation founded in 1940 and its present day functions are to deliver public health eye care services in clinical and outreach settings, provide clinical optometry education in partnership with universities, deliver continuing professional development programs and carry out vision and eye care research. The Australian College of Optometry employs a large group of optometrists (42 full time and 20 part time) and provides 75,000 patient services per year from a central clinic in inner Melbourne, five satellite clinics and outreach and visiting programs in urban and rural Victoria.

ACO employs new graduate optometrists each year and offers a clinical residency program, mentoring and peer support through the more experienced staff. Optometrists gain experience in general optometry, clinical teaching and specialist services including: children's services, ocular disease management, therapeutics, contact lenses, low vision and visiting services for homeless people, residents of aged care facilities, and Aboriginal communities in urban and regional Victoria. Specialised diagnostic imaging equipment is available as well as collaborative partnerships with public hospital eye clinics.

The ACO established an optometry clinic at the Victorian Aboriginal Health Service in 1998 which currently operates two days each week providing 400 patient services each year. The Indigenous service locations have diversified over the past 6 years and in 2014 the ACO Aboriginal eye care program in Victoria provided 1,800 patient consultations across 25 Aboriginal Community Controlled Health Services and other community health sites in metropolitan Melbourne and throughout regional and rural Victoria.

The Brien Holden Vision Institute, Public Health Division, previously known as the International Centre for Eyecare Education (ICEE), was established in 1998 by partners in the Cooperative Research Centre for Eye Research and Technology (CRCERT). The Brien Holden Vision Institute Public Health Division started the NT Aboriginal Vision program in 2007 at the request of the Regional Eye Health Coordinator in the Barkly region. In 2007 the Institute went to 18 different locations and conducted 609 eye exams. This has now grown to 80 locations and 4,953 eye examinations in 2014; a further 11 communities are visited by the local optometrists on short term visits. The NT program provides a holistic approach to eye care by incorporating education, health promotion, research and advocacy initiatives into the service-delivery program.

In the NT, private practices with resident optometrists currently only exist in Darwin and Alice Springs. All other locations are serviced by outreach optometrists on short term visits. In the larger population centres optometry clinics are provided with the local ACCHO; Danila Dilba Health Service (Darwin), Wurli-Wurlinjang Health Service (Katherine), Miwatj Health Aboriginal Corporation (Nhulunbuy), Central Australian Aboriginal Congress (Alice Springs), Anyinginyi Health Aboriginal Corporation (Tennant Creek). The other 76 program locations are considered remote Aboriginal communities. In 2014 the BHVI program delivered 119.6 weeks (598 days) of outreach optometry. This was achieved using 53 optometrists (2 staff and 51 locum optometrists) on outreach trips moving from community to community during trips of 1-4 weeks duration. In 2014, 19 of the optometrists working in the NT program were from the ACO and they provided 36% of the total work days. Some optometrists (in particular from ACO) have been with the NT program for several years now and continue to do one to three NT trips per year.

Optometrists from the ACO have been participating in the BHVI programs over the past 5-7 years as contracted locum optometrists for the BHVI with the support of flexible leave provision at the ACO, peer support and training and familiarity with outreach work for Aboriginal communities through work at ACO. ACO provides a public health environment where optometrists gain experience in community eye care, specialist clinical skills and education. These optometrists have high and broad-scope

clinical skills and experience, in addition to a 'public health approach' to optometry, making them well suited to working in the BHVI NT program. The program co-ordinators and managers in NT and Victoria have also developed important links through collegiate interactions and collaborative projects.

Challenges faced by the public health optometry workforce include using portable optometry equipment, regularly changing and ill-equipped consultation rooms as well as the need to communicate with patients where English is not the first language. By utilising optometrists that are familiar with this style of optometry work BHVI and ACO are contributing to the development of a competent and sustainable workforce that can provide care in areas of Australia with high populations of Aboriginal and Torres Strait Islander people.

Generalist practitioner education and development is unlikely to establish a specialist or specially developed workforce to meet Aboriginal and Torres Strait Islander population needs. Population groups who may be considered 'vulnerable', 'disadvantaged', 'non-engaged' require additional professional consideration in order to provide particular and equitable care. Indigenous Australians have a lower life expectancy than non-Indigenous Australians (NACCHO 2015 report) and in the NT live predominantly in remote communities that are characterized by physical isolation, lack of infrastructure and heavy reliance on government funded programs⁸. Careful consideration and preparation is provided by both organisations when orienting and supporting optometrists to work in Aboriginal communities.

Cultural Training

In order to ensure that optometrists visiting Aboriginal communities practice and conduct themselves in a culturally safe manner, cultural training is mandatory for all practitioners. Resources are also sent to practitioners before each individual trip, and locums are required provide evidence of completing an accredited course. BHVI, ACO and IEHU have collaborated to provide one day seminars on a biennial basis in centres from which the optometrists are largely drawn (Sydney and Melbourne 2012; Darwin, Sydney and Melbourne 2014). Presenters at those events have included academics, practitioners, historians and representatives from the local Aboriginal nations. Sessions were designed to explore in greater detail the historical, political and cultural context in which the outreach optometry program operates in the Northern Territory. The seminars also provided a valuable forum for collegial support amongst the program's optometrists, and discussions about other pertinent factors related to working in the unique context of remote outreach eye care. The seminars were well attended by optometrists who received continuing education points for their attendance; their feedback indicated that the events were informative, interesting, relevant and worthwhile for practitioners working in both Victoria and the NT.

Skilled and Competent Workforce

Developing an appropriately skilled and competent outreach optometry workforce involves various aspects, given the breadth of competencies required of remote health practitioners. This includes not only the obvious requirement of sound clinical skills, experience and cultural sensitivity, but also a range of engagement and relationship skills including temperament and character traits like novelty seeking, self-directedness, cooperation and persistence⁹, that are valuable assets for allied health practitioners working in the unique context of remote and Aboriginal health.

NT program strategies: preparation and students

The NT program provides optometrists with comprehensive information prior to registering for the program to ensure they would be comfortable working in such a different environment from what they are used to. In addition to this reference checks are also conducted to further confirm suitability to the program. Once accepted into the program and scheduled on a trip, practitioners are provided with an extensive pre-trip itinerary, orientation to the region and a courtesy phone call a few days before departure to address any last minute concerns. The same high level of support is provided during their trip and first time optometrists to the program are either placed with another optometrist (on a two optometrist trip) or an experienced outreach assistant for their first trip. Two optometrist trips are infrequent but are particularly effective by ensuring there is a high level of peer support for their first trip in a foreign environment. Optometrists are also encouraged to return to the same locations to provide continuity of care for the community, the clinic and the optometrist. This has proved very

successful in the community of Yuendumu where the same optometrist has been visiting every year for the past three years and built up rapport with both the clinic and the community and it is hoped this facilitates better eye health outcomes.

Another strategy in the NT program is the hosting of optometry student placements from the University of NSW. The preceptorship gives students a taste of optometry work in a remote setting. The Brien Holden Vision Institute program managers are involved in the selection process to ensure only students suited to remote work (and who would consider working in a rural/remote environment upon graduation) are selected. This contributes to growing the future workforce by mentoring and practical experience before graduation. Hosting students has proved successful with a graduated NT preceptorship student now residing and working in Alice Springs as well as a graduated preceptorship student returning to the NT on locum trips within the NT program.

Evaluation and feedback from partners and communities, regarding visiting optometry services, is an important aspect of continually improving the optometry services provided within Aboriginal health services. Processes in place in the NT include regular post-trip online feedback surveys by both the optometrists themselves and the eye health coordinators or assistants working with them, seeking feedback about the optometry services from the remote community health clinics, six-monthly discussions with each of the ACCHS and day-to-day communication between the optometrists/project coordinators and eye health coordinators.

The NT project team are participating optometrists in the program and this allows keeping an “ear to the ground” as much as possible, including working in each region regularly, to remain aware of service needs and the nuances of each region and community. This helps with decisions about the most appropriate placement for locum optometrists, considering their level of experience, ability to work in more challenging or faced-based settings, and history of working in certain communities. Importantly, the relational aspect and attachments locum optometrists form with certain health centre teams and patients is highly valued, and the primary positive feedback from remote clinics relates to continuity of optometry staff and the connections optometrists form with the community. In turn, these optometrists develop an insight to the specific needs and ways of working in that community, and often make helpful suggestions about how to improve the service in that region. Optometrists themselves therefore become active participants in the program’s ongoing evaluation and continuous improvement. The ACO program in Victoria involves a very similar approach with a goal of continuity of optometrists to strengthen links with ACCHO staff and community and optometrist familiarity with communities.

Sustainability and continuity

Key goals of any healthcare service in remote and Aboriginal communities are sustainability for the program and its outcomes and continuity of care for communities and patients¹⁰. When the workforce is predominantly “FIFO (fly in fly out) or DIDO (drive in drive out)”, and made up of short-term locums whose core practice is city-based optometry, this is a challenge. Indeed, for small remote communities, FIFO/DIDO services are considered a “necessary compromise between the tyranny of distance and equity of access to health services¹¹”.

Furthermore, it is difficult to find – let alone achieve – an appropriate balance between the almost inevitable nature of visiting specialist services involving short-term/locum staff, and the ideal of the same practitioner visiting the same community to establish trust and work most effectively. Hence, although continuity of care is difficult with FIFO/DIDO services, such models are considered both practical and essential to the remote health setting¹². A balance between permanent NT-based staff (and their potential for burnout) and a team of locums (less likely to burn out) is also needed. The NT program continues to explore ways to improve in these areas, although it is likely to require a mix of methods to find the best solution for the very remote service delivery context. The complementary strategies of the two organisations allows optometrists who are experienced in public health services and outreach optometry and who reside in a main capital city (Melbourne) to contribute as locum optometrists who have a good skills match to the requirements of the NT outreach program.

The approach these two organisations have taken for growing and developing a skilled and competent workforce of optometrists for Aboriginal health services in rural and remote locations takes

into account the needs and responsibilities of the optometrists, the organisations coordinating the optometry work, and the communities they service: finding the right balance between all three of these aspects is important^{13,14}. Similar to other models for outreach allied health service delivery¹⁵, our programs have implemented processes to orientate and mentor optometrists, facilitating better continuity of care, and involve optometrists in upskilling primary care services through training and eye health promotion activities.

Conclusion

Optometrists working with Aboriginal and Torres Strait Islander clients require specific training and support to ensure good patient outcomes and sustained and effective service delivery. Two leading public health optometry organisations are working to develop and utilise a specialised optometry workforce in Victoria and NT. This experience and the ongoing evolution to improve optometry workforce and service delivery may be applicable to other health practitioner groups.

Policy recommendations

- Like other health professions, optometry can contribute to improving health and wellbeing for Aboriginal and Torres Strait Islander Australians.
- Australia's optometry workforce should be actively equipped with the training, preparation, skills and experience to foster their active contribution to eye care for Aboriginal and Torres Strait Islander communities in urban, regional, rural and remote Australia
- **Investment in required in supporting optometry workforce needs and expansion of pre- and post- registration experience opportunities. This needs to be recognised by funding bodies and support embedded into eye care programs**

Support for NACCHO/Optometry Australia recommendation that

- The Australian Government commit to a national approach to improving access to prescription glasses amongst Aboriginal and Torres Strait Islander Australians by:
 - option 1: Establishing a single, "National Indigenous Subsidised Spectacle Scheme" funded by the Australian and State/Territory Governments.
 - Option 2: Supporting State and Territory Governments to establish their own individual and nationally-consistent Indigenous Spectacle Schemes through an inter-governmental partnership arrangement.

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Presenters

Genevieve Napper is Lead Optometrist Aboriginal Services at the Australian College of Optometry and has been involved in providing eye care at Aboriginal community controlled health services for over 10 years. Genevieve has a long term interest in improving eye care access for communities in need and through her work at the Australian College of Optometry participates in clinical education of optometry students, mentoring of new graduate optometrists and providing specialist services in ocular diseases and low vision. The role of Lead Optometrist Aboriginal Services involves clinical service provision at Aboriginal health services and coordinating a team of optometrists providing services at 20 Aboriginal community controlled health services around Victoria. Genevieve also contributes to national and state policy and service developments in Aboriginal eye care through participation in the Vision 2020 Australia Aboriginal and Torres Strait Islander committee and the Optometry Australia Aboriginal and Torres Strait Islander Eye Health Working Group. These groups enable collaboration with a range of key local and national stakeholders.

Michelle Pollard is the Project Support Officer with the Brien Holden Vision Institute and has been with the Institute for the past year and a half in this position. Michelle comes from an administration background and is currently studying a Bachelor of Humanitarian and Community Studies at Charles Darwin University. Michelle's current role includes the coordination of the outreach schedule and bookings for the outreach optometry trips within the Aboriginal Vision Program in the Northern Territory. She regularly liaises with remote clinics, ACCHOs and locum optometrists to ensure the outreach trips run as smoothly as possible.